SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-007572
STATE FILE NUMBER

AMENDED

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 234

FILED APR 10 1961

1. PLACE OF DEATH
a. COUNTY Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia
Length of stay in 1b 2hr. 20 min
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Boone Co Hospital
Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Boone
c. CITY OR TOWN Columbia
Inside Limits Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) R.R 1
Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First (B) Middle Baby Last Boy Burke
4. DATE OF DEATH Month April Day 2 Year 1961
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 4/1/61
9. AGE (last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours 2 Min. 20
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country) Columbia Mo
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Edwin D. Burke
13b. MOTHER'S MAIDEN NAME Ruth Woodford
14. NAME OF HUSBAND OR WIFE —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Ruth Burke Address Columbia, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Prematurity 28 weeks — INTERVAL BETWEEN ONSET AND DEATH 2 hrs 20 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Premature labor
DUE TO (c) Hour glass protrusion of membranes
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Placenta abruptio of other twin.
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 8 25 pm, to 10 50 pm and last saw her/him alive on April 1 1961
Death occurred at 10 50 pm. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE James M. Baker (Degree or title) MD
22b. ADDRESS Columbia Mo.
22c. DATE SIGNED Apr 3, 1961
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation
23b. DATE
23d. NAME OF CEMETERY OR CREMATORY Boone County Hospital
23e. LOCATION (City, town, or county) (State) Columbia Missouri
24. FUNERAL DIRECTOR Richard E Johnson M.D. ADDRESS Columbia Mo
25. DATE REC'D BY LOCAL REG. April 7, 1961
26. REGISTRAR'S SIGNATURE Mrs R E Palmer

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | DOCUMENT | SHOULD READ | BY AFFIDAVIT OF | ITEM NO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____ Signed_____
Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.